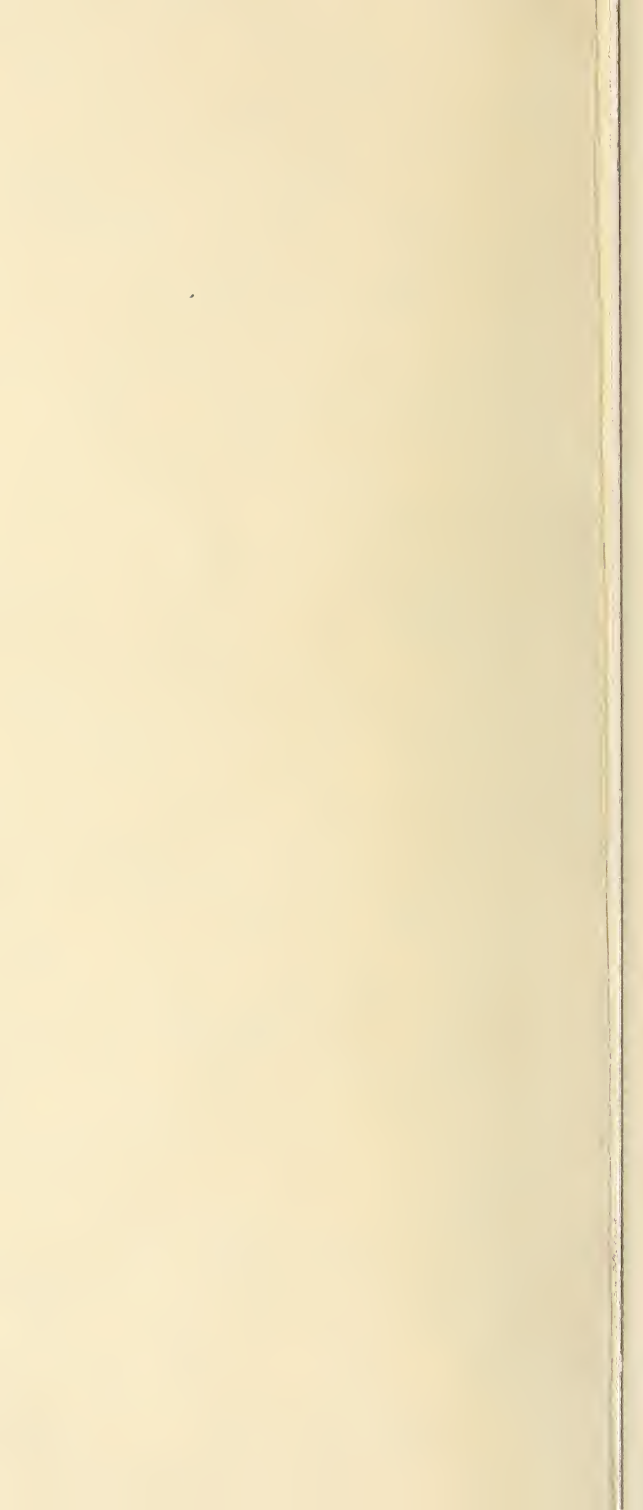


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Home health care under Medicare



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Home health care under Medicare

Sometimes people do not need full-time skilled care as inpatients of a medical facility, but they have an illness or injury that prevents them from leaving home to receive the health services they need. People who need part-time skilled health services in their homes can receive home health care from a home health agency. A home health agency is a public or private organization that specializes in providing skilled nursing services and other health care services to patients in their own homes.

Both Medicare hospital insurance and Medicare medical insurance can help pay for covered home health services.

When and how much hospital insurance pays

Medicare hospital insurance can pay for home health care if six conditions are met. *All* six conditions must be met. The six conditions are: (1) you were in a qualifying hospital for at least 3 days in a row (the day of discharge does *not* count as one of the 3 days); (2) the home health care is for further treatment of a medical condition which was treated during a hospital stay or covered skilled nursing facility stay; (3) you need part-time skilled nursing care or physical or speech therapy; (4) you are confined to your home (a facility that mainly provides skilled nursing or rehabilitation services cannot be considered your home); (5) a doctor prescribes home health care and sets up a home health plan for you within 14 days of your most recent discharge from a hospital or participating skilled nursing facility; and (6) the home health agency providing services is participating in Medicare.

When these six conditions are met, hospital insurance can pay the full cost of up to 100 covered home health visits after the start of one benefit period and before the start of another. These 100 visits can be used for up to 12 months after your discharge from a hospital or participating skilled nursing facility.

The home health agency will submit the claim for your home health care. You do not have to send in any bills yourself. The agency can bill you only for any services that Medicare does not cover.

When and how much medical insurance pays

You do not have to have a 3-day stay in a hospital for Medicare medical insurance to cover home health care. But, medical insurance can pay for home health care only if four conditions are met. *All* four conditions must be met. The four conditions are: (1) you need part-time skilled nursing care or physical or speech therapy; (2) a doctor prescribes home health care and sets up a plan for home health care; (3) you are confined to your home (a facility that mainly provides skilled nursing or rehabilitation services cannot be considered your home); and (4) the home health agency providing services is participating in Medicare.

When these conditions are met, medical insurance will pay the full cost of up to 100 covered home health visits in each calendar year—after you have met the \$60 annual medical insurance deductible.

Medical insurance can also help pay for home health visits if you have used up the 100 visits covered under hospital insurance and need more visits.

The home health agency will submit the medical insurance claim for your home health care. You do not have to send in any bills yourself. The agency can bill you only for any part of the \$60 deductible you have not yet met and for any services that Medicare does not cover.

What Medicare covers

Medicare can pay for the following home health services:

- ▶ Part-time skilled nursing services
- ▶ Physical therapy
- ▶ Speech therapy

If you need part-time skilled nursing services, physical therapy, or speech therapy, Medicare can *also* pay for the following services if they are necessary and your doctor prescribes them:

- ▶ Part-time services of an occupational therapist, home health aide, or medical social worker
- ▶ Medical supplies and the use of medical appliances furnished by the home health agency

What Medicare does not cover

Medicare *cannot* pay for:

- ▶ Full-time nursing care at home
- ▶ Drugs and biologicals
- ▶ Meals delivered to your home
- ▶ Homemaker services

Homemaker services are services such as help with household tasks or preparing meals, shopping, assistance in bathing or dressing, or help in meeting other personal care needs. Medicare cannot cover homemaker services because Medicare coverage is limited by law to services which are necessary for the *diagnosis* and *treatment* of an illness or injury.

Home health visits

Under Medicare, home health care is counted in “visits” instead of days. One visit is counted *each* time you receive a covered home health service. For example, if you receive the same home health service twice in the same day, or two different home health services on the same day, two visits would be counted.

For more information

More detailed information about Medicare can be found in *Your Medicare Handbook*. If you don't have a handbook, you can get one at any social security office. The people there can also answer any questions you may have about Medicare.

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